

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Declaration
Submitted OR Submitted after Initial
With Initial Filing (surcharge
Filing (37 CFR 1.16 (e))
 required)

Attorney Docket Number	10087 P04 CIP2
First Named Inventor	Eduard N. Lerner
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND DEVICE FOR ENHANCED DELIVERY OF A BIOLOGICALLY ACTIVE AGENT THROUGH THE SPINAL SPACES INTO THE CENTRAL NERVOUS SYSTEM OF A MAMMAL

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP96/05086 09/197,133	PCT US	11/19/95 11/20/98	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	26486	OR	<input type="checkbox"/> Correspondence address below
Name					
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Address					
City		State	ZIP		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name Lerner or Surname			
Inventor's Signature		Date January 16, 2002			
Residence: City Amsterdam		State	Country Netherlands	Citizenship Russia	
Mailing Address c/o Lerner Medical Technology					
Mailing Address A.J. Ernststraat 171					
City Amsterdam	State	ZIP 1083 GT	Country Netherlands		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Family Name or Surname			
Inventor's Signature		Date			
Residence: City		State	Country	Citizenship	
Mailing Address					
Mailing Address					
City	State	ZIP	Country		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Eduard N. Lerner

Group Art Unit

Examiner Name

Attorney Docket Number

10087 P04CIP2

I hereby appoint:

Practitioners at Customer Number

26486

OR

Practitioner(s) named below:

Place Customer
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Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.

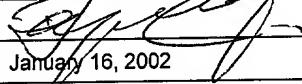
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Eduard N. Lerner

Signature



Date

January 16, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.